

Corrective Action Form Implementation and Outcomes

ID#

Event Date:

Dept.:

☐

Short Term

☐

Long Term

1. Implementation of Changes (include description of change, date of change)

Recorded by:

Date:

2. Follow-up and Outcomes (Were the changes effective or do they need to be re-assessed?)

Recorded by:

Date:

3. Additional Comments

Recorded by:

Date:

4. Review

Laboratory Division Director / date: _____
Comments:

Quality Assurance Manager / date: _____
Comments:

Quality Assurance Director / date: _____
Comments:

Laboratory Director / date: _____
Comments: